Image# 27990828194

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	Oh	(See instructions	_	Office use only	v			
1. NAME OF COMMITTEE (in	full) (Ch	eck if name nanged)	Example: If typying, type over the lines	12FE4M5	y			
Political Actio	n Committee of the	American Ass	ociation of Orthopaedic	11111111				
		1111						
ADDRESS (number and	street) 317 Mas	sachusetts A	venue, NE					
(Check if address is changed)    St Floor     DC   20002								
		(	DITY▲	STATE▲ ZIP	CODE 📥			
COMMITTEE'S E-MAI								
PAC@aaos.org	g 							
COMMITTEE'S WEB	PAGE ADDRESS (URL)							
www.aaos.org	g/pac 	1111						
		1111						
COMMITTEE'S FAX N 202-546-5051	NUMBER							
2. DATE <b>M N</b>	1 / D D / Y Y 17 2	0 0 7 Y						
3. FEC IDENTIFICA	TION NUMBER	C	C00343137	]				
4. IS THIS STATEM	MENT X NEW (N)	OR	AMENDED (A)					
I certify that I have exami	ned this Statement and to th	e best of my know	ledge and belief it is true, correct ar	d complete				
Type or Print Name of	Treasurer Willi	am J. Robb, I	II, MD					
Signature of Treasurer	Electronically Filed by	William J. I	Robb, III, MD	Date 10 / 17	<b>2007</b>			
NOTE: Submission of fal	·	•	subject the person signing this State	·	D. S437g.			
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530	ion FEC	FORM 1 ed 02/2003)			

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)	ndidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (or subordinate) committee of the Rep	mocratic, ublican,etc.) Party.
	(e) X This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
	Mailing Address	
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizatio	n
	Membership Organization Trade Association Cooperative	
	<u> </u>	

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or Type Committee Name	

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Write or Type Committee Name			
Political Action Committee	of the American Association o	f Orthopaedic Surgeons	
<ol> <li>Custodian of Records: Identif possession of Committee book</li> </ol>	y by name, address, (phone numb oks and records.	per optional), and position of t	he person in
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE	ZIP CODE A
		Telephone number	
8. Treasurer: List the name and name and address of any des	d address (phone number option signated agent (e.g., assistant trea	al) of the treasurer of the comm	ittee; and the
Full Name of Treasurer William J.	Robb, III, MD		
Mailing Address	2401 Ravine Way Ste 2	200	
_	Glenview		60025
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Orthopaedic S	Surgeon	Telephone number	
Full Name of Designated Agent			
Mailing Address			
— Title or Position <b>▼</b>	CITY A		ZIP CODE A
		Telephone number	

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9.	Banks or Other safety deposit box	xes	or	ma	int	ain					ba	ınk	s c	r o	the	r d	ерс	osi	tori	es	in	whi	ich	the	e cc	omr	nitt	ее с	dep	osi	ts f	unc	ds,	hol	ds	ac	COL	ınts	s, re	∍nt:	S							
	Name of Bank, D	еро	sito	ory,	et	C.																																										
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	Mailing Address						L							L						L	L													L		L							L					
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Image# 27990828198											
Form/Schedule: <b>F1N</b> Transaction ID:	Committee number C00343137 - email address is PAC@aaos.org.										
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